



3945 RAYTOWN ROAD, KANSAS CITY, MISSOURI 64129
816.795.8484 * FAX 816.222.0436

CREDIT APPLICATION

COMPANY NAME: _____

PHYSICAL ADDRESS: _____

BILLING ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

FEDERAL ID # _____ DUNS NUMBER _____

COMPANY STRUCTURE: CORPORATION PARTNERSHIP OTHER

DAE OF INCORPORATION OR YEARS IN BUSINESS: _____

PRINCIPALS: _____

NAME OF BANK(S): _____

PHONE NUMBER: _____

CONTACT PERSON: _____

CHECKING SAVINGS BORROWING

NAME OF ADD'S LENDER(S): _____

PHONE NUMBER: _____

CONTACT PERSON: _____

CREDIT REFERENCES: _____

NAME: _____

PHONE NUMBER: _____

NAME: _____

PHONE NUMBER: _____

NAME: _____

PHONE NUMBER: _____

NAME OF INSURANCE AGENT: _____

PHONE NUMBER: _____

AUTHORIZATION TO INVESTIGATE CREDIT HISTORY:

SIGNATURE: _____

PRINT NAME & TITLE: _____

DATE: _____

Completed forms can be send to Stephanie.Gordon@USTrailer.com, faxed to 816-222-0436, or brought to our location at 3945 Raytown Road, Kansas City, MO, 64129